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Controlled-release oxycodone relieves neuropathic pain: a randomized controlled trial in painful diabetic neuropathy

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Abstract

Background: Painful **neuropathy** is one of the most common long-term complications of **diabetes mellitus** and often proves difficult to relieve.

Methods: Patients with **diabetic neuropathy** with moderate or greater pain for at least 3 months, were evaluated for efficacy, safety and health-related quality of life (QOL) while receiving controlled-release (CR) **oxycodone** (OxyContin[®]) or active placebo. Patients underwent washout from all **opioids** 2–7 days before **randomization** to 10 mg CR oxycodone or active placebo (0.25 mg benztrapine) q12h. The dose was increased, approximately weekly, to a maximum of 40 mg q12h CR oxycodone or 1 mg q12h **benztrapine**, with crossover to the alternate treatment after a maximum of 4 weeks. **Acetaminophen**, 325–650 mg q4–6h **prn** was provided as rescue.

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years). CR oxycodone resulted in significantly lower ($P=0.0001$) mean daily pain (21.8±20.7 vs. 48.6±26.6 mm VAS), steady pain (23.5±23.0 vs. 47.6±30.7 mm VAS), brief pain (21.8±23.5 vs. 46.7±30.8 mm VAS), skin pain (14.3±20.4 vs. 43.2±31.3 mm VAS), and total pain and disability (16.8±15.6 vs. 25.2±16.7; $P=0.004$). Scores from 6 of the 8 SF-36 domains and both summary scales, Standardized Physical Component ($P=0.0002$) and Standardized Mental Component ($P=0.0338$) were significantly better during CR oxycodone treatment. The number needed to treat to obtain one patient with at least 50% pain relief is 2.6 and clinical effectiveness scores favoured treatment with CR oxycodone over placebo ($P=0.0001$).

Conclusion: CR oxycodone is effective and safe for the management of painful diabetic neuropathy and improves QOL.

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Keywords

Oxycodone; Controlled-release; Analgesia; Non-cancer pain; Diabetic neuropathy; Neuropathic pain; Quality of life

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